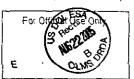
U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



1. File Number U- 22066

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

	1 /1/04 Through: 12/3/104
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Foliand R M See	Name PAINTERS D.C. 711
	Labor Organization File Number 530442
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
street 2116 OceAN Hts, Ave	street 2116 Ocean Hts Ave
city E.H.T.	city E-H.T
State NT. ZIP Cocte + 4 08234	State NJ. ZIP Code + 4 0823 4
5. Position in labor organization. Field Represeu	stati se
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclusion)	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b, Amount.
Sileet	
City	
State ZIP Ccde + 4	
Signa	iture

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing Edward R. MGER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary via substantial part of which consists of buying from, seiling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Para DC, 7// Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with; a. Labor Organization b. Trust c. Employer
Street Z 116 OCEAN H-ts, AVE. City F-H.T. State N.J. ZIP Code + 4 08234	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Pauters DC.7// Funds Hapith WeleFA	11.a. Nature of such dealing. Re: ubuseneut For
P.O. Box, Bldg., Room No., if any 59/te 223 Street 3/9 & Januar Leeds Rd	Educational Confrence,
<u> </u>	11.b. Approximate dollar value of such dealing. 3, 485.00
City GAlloway	12.a. Nature of interest held or income received.
State NJ ZIP Cox1e + 4 08205	Roinbursement For Educational Confrence
	12.b. Amount. 3 485.00
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name V.37:015 ((CE / H)3ch(2)) Trade Name, if any:	14.a. Nature of payment.
P O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14 b. Amount of payment

13.b. Is the Business an Employer

or Consultant

Monetary Contributions in Excess of \$400

T.W.O.	10.01		
CONTRIBUTOR NAME		EMPLOYER NAME	
COASTUNE C.C	25th X	EMPLOYER ADDRESS	
CONTRIBUTOR ADDRESS	- 27) `	EWILOUIK YOUKESS	
414 DELLANA			
PLEASIT VILLE	N.J		
	AGGREGATE ÁMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
OCCUPATION C. 1700			
CONTRIBUTOR NAME		EMPLOYER NAME	
N.5 STATE LAS	1PMS		
		EMPLOYER ADDRESS	
104 INTERCHANGE	PLAZA 301		,
12,12, 10	11/1		
MONROE TWP	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
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OCCUPATION			
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VENTOR, N.J.		DATE(A) BROWNED	AMOUNT(S) RECEIVED THIS PERIOD
	AGGREGATE AMOUNT	DATE(S) RECEIVED	S
OCCUPATION			
CONTRIDUTOR NAME	~	EMPLOYER NAME	
PAINTERS LOCATION	7/1		
CONTRIBUTOR ADDRESS	a program A. Dom	EMPLOYER ADDRESS	
2/16 Ocean Head	FCS ADE		
EHT, N.5			
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Monetary Contributions in Excess of \$400

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CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
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OCCUPATION PAC		
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CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
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ABSECON, NO		
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OCCUPATION	7	·
CONTRACTOR	TANK GUER NAME	
CONTRIBUTOR NAME	EMPLOYER NAME	
CHURCHICE P.C.	•	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
344 N. ROUTE 73		
BERUN NJ		
AOGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
1, 200	4	1
OCCUPATION PAC		
CONTRIBUTOR NAME	EMPLOYER NAME	 :
METTICAUS 19TH FOOLE		
METTICAUS 19 Gresce	EMPLOYER ADDRESS	
Po Box 321		
500 S. NEW YORK RD		
AGOREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
GALLOWAY TUP 500		S
OCCUPATION PAC		1
CONTRIBUTOR NAME	EMPLOYER NAME	
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CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
206.W. DECLAH ED	! 	
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Pressor Ville 10.5		
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(COMPLETE THIS LINE FOR LAST PAGE USED) GF	RAND TOTAL	5 11,000

SCHEDULE A

Moretary Contributions in Excess of \$400

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OCCUPATION PA	EMPLOYER NAME	
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TEAMSTERS LOCAL 33	EMPLOYER ADDRESS	
CONTRIBUTOR ADDRESS	EWLTTLEK VDDV::22	
P.O. Box 1073		
PLEASAULUS NIJ		
AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
\$ 500	DATE LOS ROGES - LO	s
OCCUPATION OOG		
The		
CONTRIBUTOR NAME	EMPLOYER NAME	
OPERATORS ENGINEER \$25		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
	<u> </u>	
WEST CALDWELL NO.		
AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD S
CONTRIBUTOR NAME	EMPLOYER NAME	
PLUMBURIS 322		
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
ROSTE 73		
Winston Nos		
AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	-	
r/c-		
CONTRIBUTOR NAME	EMPLOYER NAME	
SHEET METALS LOCAL 27	<u></u>	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
322 SQUANEUM YORKAR		
FARMING DACE NI)		
AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
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Acces whom		<u> </u>
(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS I	PAGE\$ 2,520
(COMPLETE THIS LINE FOR LAST PAGE USED) GI	RAND TOTAL	\$ 13.500
		4

SCHEDULE B In-Kind Contributions in Excess of \$400

CONTRIBUTOR NAME	ts	EMPI.OYER NAME	
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SHEET METALS WO CONTRIBUTOR ADDRESS 322 SQUANKUM YE		EMPLOYER ADDRESS	
322 SQUADROM YE	Cray Albut ED		
FARMING DALE N.S			
AG S	GREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD S
OCCUPATION O	300		
L PAC			
Description of in-kind contribution(s)			
CONTRIBUTOR NAME		EMPLOYER NAME	
RAT LOCAL UNION	-3		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
3281 ROUTE 206,	JULE ?		
BORDEUTOWN NO.			
AGC 5	SCO	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD 5
OCCUPATION PAG			
DESCRIPTION OF IN-KIND CONTRIBUTION(5)	<u> </u>		
		EMPLOYER NAME	
CONTRIBUTOR NAME	7//	EMI COLCE LYME	
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS	
2116 OCEAN HEIGHTS	A-UE"		· ·
F.HT, N.S	REGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	2,500		5
OCCUPATION O			
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CONTRIBLITOR NAME	i	EMPLOYER NAME	
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CONTRIBUTOR ADDRESS		EMPLOTEK ADDRESS	
	COARS AMOUNT	DATES ARGENTA	AMOUNT(S) RECEIVED THIS PERIOD
1.	REGATE AMOUNT	DATE(S) RECEIVED	s
OCCUPATION	,		
DESCRIPTION OF IN-KIND CONTRIBUTION(5)			
(COMPLETE THIS LINE FOR EYER	RY PAGE USED)	TOTAL, THIS PA	GE\$ 4.500
(COMPLETE THIS LINE FOR LAST	PACE HEED) COA	ND TOTAL	\$ 18,000
COURTER THE DUE FOR DAST	TAGE CHED) GRA	MIN FURNE	° 18,000

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			3		REPORT FILE	ED: ELEC I.D. FOR STAT
AND EXPENDITURES NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION			29-DAY PRE	PROTE CANTE V		
	CN-185			J-3 1	CE II-DAY PRE	THE PROPERTY OF THE PROPERTY O
TRENTON, NE	EW JERSEY 0				20-DAY POST	
POLITICAL PARTY, IF ANY		Nov 2, 2	200	/	REPORT WIAR	TER -
CANDIDATE OR COMMITTEE NAME	, ,	·				1 2B
Ed McGae For Free	eliolder a	2004			FOR STATE USE	D D D D D D D D D D D D D D D D D D D
131 Sulvan Ave					,7	\$ 5
CITY	STATE	ZIP CODE				
Galloway	1/2	08205				{
Aflantic		RICT OR MUNICIPALITY DIST #4	ľY	- [•
ELECTION TYPE /	OFFICE SOUGHT					
General	Techol	der				
SUMMARY TABLES		OT ATTEMPT TO CO DULES HAVE BEEN				
TABLE I. RECEIPTS		,		7	HIS REPORT	CUMULATIVE TO DATE
1. MONETARY CONTRIBUTIONS	OF \$300 OR LE	SS		\$	5230	\$ 6080
2. MONETARY CONTRIBUTIONS	IN EXCESS OF	\$300 [Schedule A]		\$ `	19,700	\$ 40,889
3. IN-KIND CONTRIBUTIONS OF	300 OR LESS			S		£
4. IN-KIND CONTRIBUTIONS IN EXCESS OF \$300 [Schedule B]				\$	900	s 900
5. LOANS RECEIVED IN EXCESS	OF-\$34 0 (Schedn	le ^C C)	[\$		s 1,200
6. SUB TOTAL - CONTRIBUTIONS (ADD LINES 1 THRUS)	3			\$		\$
7. REFUND OF EXCESSIVE CONT [Adjustment Schedule]	RIBUTIONS		()	\$		\$
8. TOTAL CONTRIBUTIONS				\$	26030	\$ 49069
9. ADD FUNDS TRANSFERRED FR	OM PRIOR CAP	MPAIGN	(+)	\$		\$
10. TOTAL RECEIPTS	(A.)	DD LINE 8 + LINE	9)	\$	26,030	\$ 49,069
TABLE II. EXPENDITURES)					
I. DISBURSEMENTS - CAMPAIGN	EXPENSES [So	hedule 1(D)]			29,920 73	\$ 40,275.32
! DISBURSEMENTS - OTHER [Sch	hedule 2(D)]			\$.\$
: DISBURSEMENTS - CONTRIBU CANDIDATES/COMMITTEES [S	TIONS MADE T Schedule 3(D)]	O OTHER		\$		\$
. CONTRIBUTIONS MADE ON B (Pro Rata Amount Schedules 1(D)) and 2(12))			\$		\$
DEVIND CONTRIBUTIONS OF	\$300 OR LESS (TABLE I, LINE 3)	,	\$		1 <u>\$</u>
	CESS OF \$300	(TABLE I, LINE 4)	•	\$		\$ \$
IN-KIND CONTRIBUTIONS IN I	S (ADD LINES I	THRU 6)		\$		15
REFUNDED DISBURSEMENTS			()		73	7.7
REFUNDED DISBONDATURES	(LIN	e 7 minus line 8)	\$	29,92023	FORM

SCHEDULE A

Monetary Contributions in Excess of \$400

CONTRIBUTOR NAME		EMPLOYER NAME	
United Food & Commeter	- War min		
	21-02-000	EMPLOYER ADDRESS	
1775 KST-NU			
Washington DC 2000	<i>.</i>		
	ADDRESSA IE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
	500	9/28/04	500
OCCUPATION		120/01	
CONTRIBUTOR NAME # 322 Plus	has & Pipelitters	EMPLOYER NAME	
CDNTRIBUTOR ADDRESS .		EMPLOYER ADDRESS	
534 S. Route 73			
Winslow NJ 08095	. .		
	GGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD I S
Decil MON	Jan	9/29/04	1,000
OCCUPATION		/ /	
CONTRIBUTOR NAME		EMPLOYER NAME	
IUPAT			
CONTRIBUTOR ADDRESS	S(c)	EMPLOYER ADDRESS	
1750 New York Ave N	3(2)		
Washington, DC 200	KX6		AMOUNT(S) RECEIVED THIS PERIOD
	GGREGATE AMOUNT	DATE(S) RECEIVED	5
OCCUPATION	1 //	9/30/04	7,200
		EMPLOYER NAME	
DISTrict Council No 9	PAC		
CONTRIBUTOR ADDRESS 45 45 West 14th 5t		EMPLOYER ADDRESS	
New York, NY 10	0//		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD S
OCCUPATION		10/4/04	2,000
		FMOLOVER NAME	
CONTRIBUTOR NAME		EMATOA EM MYME	
tau D'Amato		EMPLOYER ADDRESS	
CONTRIBUTOR ADDRESS			
Lower NJ 082	2/		
LINWOOD, YV - 300	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS FERIOD
	\$	- Walle	' 500
OCCUPATION Lawyer		10/19/04	
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(COMPLETE THIS LINE FOR I			\$
COURT DE LES TIMES MILIES CORT			

SCHEDULE A Monetary Contributions in Excess of \$450

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CONTRIBUTOR NAME	EMPLOYER NAME		
Ryan J Elwell	to be supplied		
CONTRIBUTOR ADDRESS.	EMPLOYER ADDRESS		
CONTRIBUTOR ADDRESS.	EMPLOYER ADDRESS / /		
2439 Hightree Ct.			
1 , J			
Crotton MD 21114			
AGGREGATE AMOUN	NT DATE(S) RECEIVED AMOUNT(S) RECEIVED TRIS PERIOD		
1,000			
7. /	198/04 1,000		
to be supplied			
CONTRIBUTOR NAME	EMPLOYER NAME		
O Brien Belford & Bushinsky	\times 1		
O DITEN, DETRINET JUSTIMSEY			
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
2111 New Rd. Sisterior			
11 () 4 ()			
No + 1/5 10/1 11 138725			
NorthField, N 08325	T DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD		
2,000)		
the state of the s	10/8/64 2,000		
OCCUPATION LOW FITMS	10,0,01		
CONTRIBUTOR NAME	ENPLOYER NAME		
IUPAT Dist. Council 2.1 PAC			
	FMPLOYER ADDRESS		
CONTRIBUTOR ADDRESS	EMPLOTER ADDRESS		
2980 Southampton Rd			
Philadelphia PA 19154			
LACGREGATE AMOUNT	T DATE(5) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD		
1,000			
	10/8/04 \$ 1,000		
OCCUPATION Union	10/2/		
CONTRIBUTOR NAME /	EMPLOYER NAME		
Roofers Local 30 PAC_			
ROSTOTS LOCA 30 PAC CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
CONTRIBUTOR ADDRESS	Philips III (Manuar		
6447 Torresdale Ave			
-11/1/ AA -1			
Philadelphia, PA 19135			
ACGREGATE AMOUNT	T DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD		
1 1,000			
OCCUPATION	10/8/04 1.000		
CONTESSUTOR NAME	EMPLOYER NAME		
Adams Bargaintown, LLC			
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS		
18 Devins Lane)		
10 DEVING VOING			
D/ [1/ 1] - ernen	\		
Pleasantville, N. 08232			
AGGREGATE AMOUN	T DATE(S) RECEIVED AMOUNT(S) RECEIVED THIS PERIOD		
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OCCUPATION	10/8/04 1,000		
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SCHEDULE A

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CONTRIBUTOR NAME	EMPLOYER NAME	
Attentic Exposition Services X		
3089 Endish Creeklys	EMPLOYER ADDRESS	
Egg Harbor Tup. NJ 08234 :		
AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD
* <i>700</i>	inle	1 700
OCCUPATION	140	1
Painters in Palitics PAC Fund	employer name	
CONTRIBUTOR ADDRESS 2153 W. Oakindae Rol.	EMPLOYER ADDRESS	
Belle Isle FL 32809		
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OCCUPATION	1910	2000
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OCCUPATION		
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OCCUPATION		
CONTRIBUTOR NAME	EMPLOYER NAME	
CONTRIBUTOR ADDRESS	EMPLOYER ADDRESS	
AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD 5
OCCUPATION		
(COMPLETE THIS LINE FOR EVERY PAGE USED)	TOTAL, THIS P.	age \$ 2,700
(COMPLETE THIS LINE FOR LAST PAGE USED) G	RAND TOTAL	s 19,900

SCHEDULE B

In-Kind Contributions in Excess of \$300

TEH Y			· _ ·	
Atlantic County Dem	1. Committee	EMPLOYER NAME		
CONTRIBUTION ADDRESS		EMPLOYER ADDRESS		
	AGGREGATE AMOUNT S	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION			700	
DESCRIPTION OF IN-KIND CONTRIBUTION(5)	4×4 Lawn 519	למי		
CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
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OCCUPATION				
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CONTRIBUTOR NAME		EMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
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OCCUPATION				
DESCRIPTION OF IN-KIND CONTILIBUTION(5)				
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Monetary Contributions in Excess of \$40)				
CONTRIBUTOR NAME		EMPLOYER NAME	1).0.000	
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CONTRIBUTOR ADDRESS	STREET	EMPLOYER ADDRESS		
WASHING	TON DC	2000		
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION	<u> </u>	1 9/25/04	500.00	
CONTRIBUTOR NAME		RMPLOYER NAME	^	
Kimm L	FUIN SKY, I	HOROWITZ +	(BULARD, LIC	
CONTRIBUTOR ADDRESS	WINCHEST	EMPLOYER ADDRESS		
	_	1	-1	
X VENTO	OR CITY		18466	
	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD S	
OCCUPATION		9/25/04	400.00	
CONTRIBUTOR NAME		EMPLOYER NAME	-	
UA	LOCAL	CMPLOYER ADDRESS	3 22_	
CONTRIBUTOR ADDRESS 534	S. 57	ALE HWY	No 73	
	JSLOW	N.5.		
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OCCUPATION]5		1,000.00	
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CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
COMMERCE	- /	A CLOWA-1	N.5 08205	
(0),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD	
OCCUPATION	S	9/24/OF	16,000	
CONTRIBUTOR NAME	- man	RMPLOYER NAME		
CONTRIBUTOR ADDRESS		EMPLOYER ADDRESS		
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OCCUPATION				
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			1 / 100.0	
(COMPLETE THIS LINE FOR LAST PAGE USED) GRAND TOTAL \$				

Monetary Contributions in Excess of \$400			
CONTRIBUTOR NAME	EMPLOYER NAME:		
SHEET METAUS UNION 27			
CONTRIBUTOR ADDRESS	P.O. BOV 84	EMPLOYER ADDRESS	
	$\frac{1}{2}$	A	
F	ARMIN'C DALE	N.J.	67727
	/.GGREGATE AMOUNT	DATE(S) RECEIVED	AMOUNT(S) RECEIVED THIS PERIOD 5
OCCUPATION		July 04	500
CONTRIBUTOR NAME	and the same of th	EMPLOYER NAME	
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CONTRIBUTOR ADDRESS		employer address	
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